Name in Full

Certificate of Death

Rachel Bowie.

Died at Olney. (Town) Montgomery (County) MARYLAND

Date 1899 Month April Day 20 | Age Y. 27 M. D. | Native of Maryland | Occupation Laborer

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of Thomas Bowie.

Father's Name James Brown | Mother's Name Favilla Brown

Cause of Death: Primary Tuberculosis. 22a | How long sick 1 year

Immediate Heart failure. | ~~Accident, Suicide, Homicide~~

Reported by Chas. Farquhar, M.D.

Address Olney Montgomery Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Alex Corn

Certificate of Death

Died at Town Germantown County Montgomery MARYLAND

Date 189 9 Month 4 Day 9 Age Y. 70 M. — D. — Native of Md Occupation Laborer

Male ~~Female~~ Colored ~~Single~~ Married ~~Widowed~~ ~~Widower~~ Number of children living 10

Husband of ~~Wife~~

Father's Name ~~———~~ Mother's Name Harriet Corn

Cause of Death: Primary Scrofula Ulcerative How long sick 3 mo

Immediate Pyaemia. 14 ~~Accident, Suicide, Homicide~~

Reported by J. M. Simpson M.D

Address Germantown 1901

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Theresa E. Davis — Certificate of Death

Died at Town Potomac — County Montg' — MARYLAND

Date 1899 Month Apr Day 3" — Age Y. 28 M. — D. — Native of Md — Occupation Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ ~~Wife~~ of = Wm A Davis

Father's Name John Magaha — Mother's Name Sevilla Magaha

Cause of Death — Primary Pulmonary Tuberculosis — How long sick 1 year

Immediate Hemorrhage — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. S. Pratt M.D. 22a

Address Potomac Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79P0R

Name In Full Wm T. Davis

Certificate of Death

Died at Town Rockville County Montgomery MARYLAND

Date 1899 Month Apr. Day 16 | Age Y. 61 M. D. | Native of Rockville Md | Occupation Carpenter

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Wife~~ Husband of Annie E Davis

Father's Name

Mother's Name

Cause of Death: Primary 1 Year 1 Mo 1 Da

Immediate

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by J. C. Groomes Undertaker

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. Dr. E. E. Stonestreet

of Rockville Md.

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from Wm E. Davis

of Washington D.C.

Name in Full

Certificate of Death

Mary Willis Kirk

Died at Town: Olney County: Montgomery MARYLAND

Date 189 9 Month: 4 Day: 29 | Age Y.: 80 M.: — D.: 5 | Native of: Maryland | Occupation: Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Richard S. Kirk

Father's Name: Amos Farquhar Mother's Name: Mary Farquhar

Cause of Death: Primary: Softening of Brain — How long sick: 2 months

Immediate: Paralysis 43 — ~~Accident, Suicide, Homicide~~

Reported by Roger Brooke

Address Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name In Full

Certificate of Death

Dora Seaman

Died at Town: Laytonsville County: Montgomery MARYLAND

Date 1899 Month: April Day: 15 Age Y. 24 M. D. Native of: Maryland Occupation: Home Work

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Zachariah

Mother's Name: 81

Cause of Death — Primary: Metritis — How long sick: 2 Months

Immediate: Nervous Prostration — Accident, Suicide, Homicide

Reported by: E. C. Etchison

Address: Gaithersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]5

Name in Full: Gallop Lumpkin

Certificate of Death

i

Died at Town: Kensington County: Montgomery MARYLAND

Date 189 Month: April Day: 15 | Age Y. 44 M. D. | Native of Maryland | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of ✓

Father's Name Frederick Lumpkin | Mother's Name Billie Lumpkin

Cause of Death — Primary: Inflammatory Rheumatism | How long sick: 6 Days

Immediate: Endocarditis 26 | ~~Accident, Suicide, Homicide~~

Reported by Jno. L. Lewis, M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full George Morrison

Certificate of Death

Town Poolesville, County Montgomery

Died at MARYLAND

Month April Day 21 | Y. M. D. 1 | Native of Poolesville. | Occupation

Date 189 4 | Age

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Chas. P. Morrison

Mother's Name Fanny Mooney

Cause of Death { Primary Convulsions 49 | Immediate

How long sick 6 hours

~~Accident, Suicide, Homicide~~

Reported by R. H. Waring

Address Poolesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Edmonia C. Turner

Certificate of Death

Town: Seneca

County: Montgomery

Died at: MARYLAND

Date 189 9 | Month 4 | Day 6

Age: Y. 21 | M. 11 | D. 15

Native of: Md.

Occupation: Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Geo. Turner

Father's Name: Chas. Ward

Mother's Name: Palmira Wards

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 1 yr +

Immediate: Hemorrhage 22a — ~~Accident. Suicide. Homicide~~

Reported by: W. B. Haddaway M.D.

Address: Dawsonville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988